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CONFIRMATION NO. 1992

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|--|---|-------------------------------|---|--|--------------------------------|
| SERIAL NUMBER 10/748,680 | FILING OR 371(c) DATE 12/31/2003 RULE | CLASS 713 | GROUP ART UNIT 2139 | ATTORNEY DOCKET NO. IQB-0015 (2203.0015C) | |
| APPLICANTS Andrew J. Polcha, Lovettsville, VA; <i>KW</i> Michael P. Polcha, Lovettsville, VA; <i>KW</i> | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/470,204 05/14/2003 and claims benefit of 60/436,996 12/31/2002 | | | | | |
| ** FOREIGN APPLICATIONS ***** <i>KW</i> | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY ** ** 05/05/2004 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after met Verified and <i>Allowance</i> Acknowledged <i>Examiner's Signature</i> <i>Initials</i> <i>KW</i> | | STATE OR COUNTRY VA | SHEETS DRAWING 15 | TOTAL CLAIMS 89 | INDEPENDENT CLAIMS 7 |
| ADDRESS 27896 | | | | | |
| TITLE Recoverable biometric identity system and method | | | | | |
| FILING FEE RECEIVED 1243 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |